Jan 19 W



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)

10 200	State Form 4606 (R13/11-05)	Summary Sheet	
1616	Indiana Election Commission (IC 3-9-5-14)	2018 DE 27 PM L: C	FILE NUMBER
INSTRUCTION assistance in	ONS: Please type or print legibly IN BLACK INK all information completing this form, see instructions on the reverse side.	ation on this form For GLERK HAMILTON COUNTY COU	TOTAL PAGES IN ENTIRE CFA-4 REPOR
IS THIS	AN AMENDMENT? Yes N	lo	

IS THIS AN AMENDMENT?			
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name		
M Marie BACK			
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number		
	311	984 50	723
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this is	s a new address	
	6. Party A	ffiliation (if applicable)	
5. City, State, ZIP Code ArcadiaIN46030	R	epublicar_	
CANDIDATE INFORMATION (For Candidate's	Committees	Only)	
7. Full Name of Candidate (include any nickname)	8. Party A	ffiliation or If Independen	t Candidate
M. Marie Rack		Refublican	2
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County	Refublicary of Residence	
Truster Board member, Jackson Turp.		Hamilton	
TYPE OF REPORT		CONVENTION	N CANDIDATES ONL
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement	of Organization)	Post-Con	vention
12. Reporting Period: OCTOBER 8, 30/0		COLUMN A	COLUMN B
From: January 1, 2010 Through: December 31, 2	010	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS		ļ	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		0	
15b. Unitemized		O	0
15c. Add lines 15a and 15b in both columns SUB	TOTAL		0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	0	
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			0
17b. Unitemized			
17c. Add lines 17a and 17b in both columns	BTOTAL	0	<u> </u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	O	Ŏ
19. Debts OWED BY the committee (use Schedule D)		0 (4)	
20. Debts OWED TO the committee (use Schedule E)		0	
			ORTOHUSE VISE ONLY
CERTIFICATION 2 THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORREC	CT AND C	
Title	Date		A 1

/3-31-10 Treasurer Date 12-31-10 be copied for sale or used for any commercial purpose (IC 3-9-4-5) A person who knowingly 4-1-13) A person who fails to file a complete or accurate report as required by the Indiana 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16. IC 3-9-4-17. IC 3-9-4-18)